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MN011501. Naples HM1 is NAVEUR Shore Sailor of the Year
Naples, IT - HM1(SW/AW) Alston E. McGann, assigned to U.S.
Naval Hospital Naples, IL, is the Commander in Chief, U.S. Naval
Forces Europe's (CINCUSNAVEUR) Shore Sailor of the Year for 2000.

In a message sent throughout Europe, McGann was praised for
his outstanding dedication, professionalism and contributions to
CINCUSNAVEUR.

A native of Jamaica, McGann is an operating room technician.
He has been in the Navy since 1988. His previous assignments
include Naval Hospital Camp Pendleton, Fleet Surgical Team 4 and
National Naval Medical Center Bethesda.

McGann will be CINCUSNAVEUR's representative at the Chief of
Naval Operations' competition in May.

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MN011502. Humana to Serve TRICARE Mid-Atlantic and Heartland
Regions

Humana Military Healthcare Services has agreed to purchase
Anthem Alliance, the managed care support contractor for the
TRICARE Mid-Atlantic and Heartland regions.

According to both Anthem Alliance and Humana, the only
differences beneficiaries will notice is a change in names and
appearance of the managed care support contractor's website when
Anthem Alliance links become Humana links. Beneficiaries will
continue to use the same phone numbers, the same providers and the

same claims filing procedures when using TRICARE.

"We have great confidence in Humana," said TRICARE Mid-Atlantic Region Director CAPT Nicolas Yamodis. "They are a mature TRICARE managed care support contractor, as they have supported TRICARE Regions 3 and 4 for several years. The Lead Agent's office will assist Humana integrate as quickly as possible."

Anthem Alliance will continue to be the contractor for TRICARE Regions 2 and 5 until May 1. Region 2, the Mid-Atlantic Region, includes North Carolina and the southern portion of Virginia serving approximately 830,000 TRICARE beneficiaries. Region 5, TRICARE Heartland, includes states in the Midwest.

"We anticipate this will be a positive change for our TRICARE beneficiaries in Virginia and North Carolina. The geographical area that our managed care contractor covers will be expanded. We hope that will mean it will be easier for beneficiaries to use their TRICARE benefit during moves and travel within regions 2, 3, 4, and 5," Yamodis said.

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MN011503. BONHOMME RICHARD Treats Kernel Blitz "Casualties"

USS BONHOMME RICHARD, At Sea - USS Bonhomme Richard's (LHD 6) medical staff was put to the test recently during a mass casualty drill that was part of Exercise Kernel Blitz 01.

Kernel Blitz was designed to train Sailors and Marines in realistic brigade-size amphibious operations. Just as the combat elements need training, so do medical professionals. So the exercise had a mass casualty scenario built in.

"A mass casualty is defined as an event that overwhelms the medical response capabilities," said LCDR Ken Kelly, MC, the ship's senior medical officer. "When the number of wounded vastly exceeds the number of doctors, nurses and corpsman that can care for them, the question of who gets treated first arises."

The ship's role was to be a casualty receiving and treatment facility. Triage areas were set up to receive, treat and stabilize casualties from the field before sending the casualties on to a hospital or hospital ship.

"The goal of combat triage is twofold: to return the maximum number of personnel to the fighting theater; and, to save the maximum number of lives," said Kelly. "The supplies available in the field or aboard ship are limited and must not be wasted. One horribly wounded patient might easily take up the lion's share of blood that could be used to save 5 or 10 other lives."

Kelly added, "In the war scenario, we invest our supplies and doctors' efforts with a priority toward those who will most likely benefit from them."

Kelly said his job as a combat doctor who must choose who get treated first is further complicated by the changing battle picture.

"If blood supplies run out, those who might have been triaged as 'immediate' may turn out to be 'expectant'," said Kelly.

Members from a control evaluation group (CEG), put together by 3rd Fleet for Exercise Kernel Blitz 01, were on

board to facilitate and evaluate the medical staff during the mass casualty drills.

"While looking at this part of the exercise, we can determine the capabilities and limitations of the ship's medical staff and facilities," said CDR Steve McGivern, MSC, CEG member who is the medical planner for Amphibious Group 3. "That determination can help us make better plans for our ship's medical staffs and facilities for future exercises and operations like this."

By JO1(SW) Robert W. Garnand, USS BONHOMME RICHARD

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MN011504. DoD Launches New Deployment Website

Washington, D.C. - Members of the military, both active and Reserve, know that at any time they could be deployed to a place they know little about, and could be exposed to unfamiliar health risks. The Department of Defense (DoD) hopes to keep service members informed through a new website called DeploymentLINK, at deploymentlink.osd.mil. The site was launched Apr. 16.

Dale Vesser, the deputy special assistant for Gulf War illnesses, medical readiness and military deployments, said communicating with service members and their families is a top priority for his organization.

"One of the most important lessons we've learned is the importance of listening to service members and their families," Vesser said. "They can make better judgments about their health with more information."

To help them, the special assistant's office has offered two-way e-mail communication using its GulfLINK website, www.gulflink.osd.mil, since 1997. Late last year, the office mission expanded to include medical readiness and military deployment issues.

Barbara Goodno, the office's director of public affairs and outreach, said the expanded mission made the need for a new website obvious.

"DoD has learned a lot about the need to protect the health of deployed service members from investigating the events of the Gulf War and trying to better understand why some Gulf War veterans are ill," Goodno explained. "We're applying those lessons learned from the Gulf War to today's deployments, and those in the future."

Goodno notes the new website is the cornerstone of the office's communication effort, but that she and her team do not rely on the Internet as the only way to communicate with the military and the public.

"We continue to speak and set up displays at National Guard and Reservists' conventions, as well as the conventions of major veterans service organizations. We meet monthly with about a dozen military and veteran service organizations. Those meetings provide us a chance to listen to their concerns, and update them on what we've learned."

Goodno added, "Also, our experts give briefings to senior military leaders, here and abroad. We work with the media to get important information out through the press and

television news. Our staff still answers the telephones to respond in person to specific questions. We respond to every individual who writes us a letter or sends us an e-mail."

According to Goodno, the website was developed with the help of people from different military communities, and has a very different focus than the GulfLINK website, which was primarily aimed at Gulf War veterans.

Website users will continue to shape its content in the months ahead.

"We're depending on the service members, family members and veterans to tell us what they want to know," Goodno said.

The Office of the Special Assistant plans to update the site every few days with news articles written by analysts, DoD news releases and other relevant information from outside experts.

"The most important purpose of DeploymentLINK is to let people know DoD wants to keep them informed. We want them to know we are open to them, and care about them. The job of being a soldier, Sailor, airman or Marine will always be dangerous. By keeping the lines of communication open, DoD may be able to provide service members the information they need to better protect themselves and each other," concluded Goodno.

From Navy Wire Service

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MN011505. SPRINT Offers Quick Help When Tragedy Strikes

Bethesda, MD - A shipmate is killed in a training accident. A team of Navy personnel are tasked with recovering bodies after a ship sinks. Terrorists have bombed a Navy ship.

These are neither isolated nor fictitious incidents. Experiencing any of these stressful events - even as only a witness - can result in problems ranging from missed work and marital difficulty to mental illnesses such as depression and post traumatic stress disorder.

Providing assistance from a SPRINT team, consisting of psychologists, psychiatrists, social workers, nurses, chaplains, and hospital corpsmen, is one way the Navy helps its Sailors and their families cope with traumatic situations.

SPRINT teams don't rush in to provide therapy. In fact, the team's job is to prevent the need for it. The team does this by providing three types of assistance: defusing, debriefing and demobilization.

Defusings are done when the SPRINT team is called in quickly, within 24 hours of the incident. Generally, they last only 30 to 40 minutes and offer help to survivors in developing strategies to cope with their feelings. The team provides information about what the survivor should expect to feel, and what is and isn't normal.

Debriefings are similar to defusings, but are conducted 24 to 72 hours after the event. It is the most frequent service delivered by SPRINT teams. Debriefings last one to three hours and work to re-focus perspectives, teach healthy coping strategies and normalize stress reactions.

Demobilizations occur during large-scale operations when Navy people are continuously engaged in an exceptionally stressful activity, such as the recovery of bodies following an explosion or other mass disaster. Demobilizations focus on education and stress management for Sailors during the disaster. Debriefings follow demobilizations only after the operation is complete and Sailors no longer have to return to the scene.

By LT Carrie Hill Kennedy, National Naval Medical Center Bethesda, MD.

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MN011506. USS WASP Medical Spaces Air Tight and Bright

Norfolk, VA - The hospital corpsmen assigned to USS WASP (LHD 1) swapped needles and stethoscopes for paintbrushes and caulking guns as part of a four-month yard period that also included installation of a safety system for the medical spaces.

WASP is the first amphibious assault ship to receive a collective protective system (CPS), which makes all medical spaces on the 01 level air tight, protecting it from airborne hazards.

After installation of the CPS, corpsmen sanded, painted, caulked, and cleaned to bring the spaces up to WASP's high standards, according to LT Gregg Gellman, MSC, the WASP's medical division officer.

"I've been on board for nearly three years and is this the best I've ever seen these spaces," said HM1 Jim Enderle.

By HM3 Joseph Carter, USS WASP

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MN011507. Reserve, Guard DoD Employees Get Added Health Benefit

Washington, DC - Department of Defense (DoD) civilian employees who serve in the Reserve and National Guard will get help in maintaining affordable healthcare when they are deployed for a call up to active military duty in support of a contingency operation.

Under a new personnel policy, established by Deputy Secretary of Defense Paul Wolfowitz, DoD organizations, agencies and the military services will pay the employee's share, in addition to the government's share, of the Federal Employees Health Benefit Program premium.

DoD and the Office of Personnel Management worked together to develop this policy to encourage all federal agencies to provide this assistance to their employees who serve as members of the Reserve and the National Guard.

"DoD is setting the standard for all federal employers by helping their employees called to active duty for more than 30 days for a contingency operation," said Wolfowitz. "This policy will help reduce the financial burden incurred by our Reserve and National Guard members when they are part of a call-up."

The Deputy Secretary has asked the Under Secretary of Defense for Personnel and Readiness to develop specific implementation procedures to ensure consistency among the Services and agencies.

The policy is expected to be in effect by the start of fiscal 2002.

The policy will affect members who have been called up to support on-going contingency operations in Bosnia, Iraq and Kosovo, and those who may be called up for future operations.

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MN011508. Navy Medicine Flags Nominated for 2 Stars

The Pentagon - Secretary of Defense Donald H. Rumsfeld announced that the President has nominated the following Navy Medicine Flag Officers for promotion:

- Navy Rear Admiral (lower half) James A. Johnson, MC, has been nominated for appointment to the grade of rear admiral. Johnson is currently serving as medical officer to the Marine Corps, Washington, D.C.

- Navy Rear Admiral (lower half) Kathleen L. Martin, NC, has been nominated for appointment to the grade of rear admiral. Martin is currently serving as Commander, National Naval Medical Center Bethesda and director, Nurse Corps, Bethesda, MD.

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MN011509. Portsmouth Wins Zumwalt Award

Portsmouth, VA - Residents of Naval Medical Center Portsmouth's barracks not only have the privilege of a river view. They also have an award-winning place to live with service and standards that are better than most hotels.

NMC Portsmouth won the "Z" - the prestigious Elmo Zumwalt Award, given to the Navy living quarters that offer exemplary service to its Sailors.

At Portsmouth, that means a lot of extras, including a topnotch laundry facility, a computer room, and meticulous maintenance.

"I've lived in other BEQ's during my time in the Navy," said MS3 Levar Coleman, a resident in the barracks, "and I must say that the barracks here totally blows the others away."

The BEQ has 366 rooms with semi-private baths. It can house up to 522 people.

Only 23 BEQs Navy-wide received the five-star Zumwalt award. By JO2 Duke Richardson, NMC Portsmouth

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MN011510. NSHS and NOMI Take on MED-56 Functions

Washington, DC - In a move that consolidates some of Navy medicine's training functions, the Bureau of Medicine and Surgery's Operational Medical Readiness Programs Division, MED-56, was disbanded and its functions transferred to either the Naval School of Health Sciences (NSHS) in Bethesda, MD, or the Naval Operational Medicine Institute (NOMI) in Pensacola, FL.

A primary change for customers is nominations for courses that were previously accepted by the MED-56 are now sent directly to NSHS and NOMI.

For information on application procedures and courses visit the NOMI website, nomi.med.navy.mil, or the NSHS website, NSHS

med.navy.mil.

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MN011511. TRICARE Question and Answer

Question: I went to get a refill on my prescription at a local pharmacy and was told I had to make a copay. Previously there had been no such requirement. I understood that as a retiree, my benefits would continue as before. Am I to assume that I will continue to make a copay for all medicines? Also, if I go to a federal military facility, will there also be a copay?

Answer: You may get prescriptions filled at a Military Treatment Facility (MTF) pharmacy for no cost, but you should check the facility you plan to use to make sure they provide the medicine you require. Each MTF pharmacy has a different formulary and your medications may only be available through a civilian retail pharmacy.

A TRICARE Network pharmacy offers a 30-day prescription for \$3 for generics and \$9 for brand names. Or if you are a TRICARE Standard beneficiary, use a non-network retail pharmacy and pay an annual deductible (\$150 for individuals and \$300 per family) plus, \$9 or 20 percent of your total cost (whichever is greater). TRICARE Prime beneficiaries are subject to the Point of Service Option, that includes a deductible (\$300/person \$600/family) and a cost share (50 percent of allowable charge). A non-network pharmacy may require you to pay full price at the store and you will file your own claim. The National Mail Order Pharmacy (NMOP) is also available to you. Your cost is \$3 per prescription for up to a 90-day supply of generic medications and \$9 per prescription for up to a 90-day supply of brand name medications.

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MN011512. HealthWatch: Get a Better Night's Sleep

Sleep is a human need as basic as food and water. Enough sleep is essential for mental, emotional and physical health and well-being. Your body performs "restorative" work during sleep, allowing the body to replace old cells with new ones - re-energizing organs and muscles.

According to CAPT Jean Panagakos, MC, director of the sleep laboratory at National Naval Medical Center Bethesda, Md., most people think they can do with only four or five hours of sleep, but that is not enough. Most healthy adults need an average of eight hours of sleep a night.

Inadequate sleep can lead to higher levels of stress, a shortened temper, slower reflexes, lower motivation, and an incapacity to concentrate effectively. It impairs the ability to perform tasks involving memory, learning, and logical reasoning. Lack of restful sleep may be caused by insomnia - a common, usually temporary inability to fall asleep or stay asleep.

Insomnia is not a disease, but a common and short-lived condition where the person is unable to get proper sleep despite their level of fatigue. About 60 percent of the adult population worldwide suffers from insomnia each year.

Insomnia can result from everyday stresses, environmental disturbances such as traffic noise, television and light, uncomfortable room temperatures, erratic work hours, or air travel across time zones. Overuse of stimulants such as caffeine, nicotine and alcohol, and even Internet addiction can lead to sleep disorders.

The most effective way to prevent and relieve insomnia is to take a non-drug, holistic approach to develop good sleeping habits. Here are some hints to help you get a better night's sleep:

- Be consistent with your sleep patterns. Establish a regular time for going to bed and getting up in the morning and try to stick with it on the weekends.

- Don't work, eat, read or watch television in bed. Try to associate the bedroom as the place solely for sleeping.

- The bed is not the place to hash over your daily problems or for accomplishing your "to do" list - try to clear your mind. Some people find that their daily worries play in their mind once they are in bed. CAPT Panagakos suggests a preemptive approach. "Write down your worries and how you might manage them earlier in the day or evening before you go to bed," she suggests.

- If you don't fall asleep after 20 to 30 minutes, get up and leave the room to read or do some other relaxing activity.

- Avoid taking naps, particularly in the late afternoon.

- Light to moderate exercise before dinner can aid in your ability to sleep well, as many people have a lower point in energy a few hours after exercise. Avoid heavy exercise near bedtime since it may have the opposite effect.

- Avoid stimulants such as caffeine and nicotine, particularly in the afternoon.

- Avoid using alcohol. Many believe that alcohol will act as a sleep aid, but can actually fragment sleep patterns.

- Don't eat heavy meals close to bedtime - digestion raises metabolism and body temperature.

- Don't drink fluids before bedtime. The need to urinate may interrupt your sleep during the night.

- Keep the bedroom ventilated and cool, between 60-65 degrees. Effects of a too hot or cold room may disturb your sleep.

Short-term insomnia will most likely pass by making the above simple lifestyle changes. However, if these changes don't work, the careful use of sleeping pills approved by the Food and Drug Administration may provide temporary relief from insomnia. A physician can help choose appropriate medication to relieve insomnia, but medication should only be used as a short-term solution.

Insomnia that persists over a long period of time can be a symptom of another problem. Chronic or recurrent insomnia might be a sign of an undiagnosed medical or psychological condition and you should seek the advice of your physician.

By Nicole Deaner, Bureau of Medicine and Surgery

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